## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: HARMONY OF KENOSHA (0008669)

Address: 3109 30TH AVE, KENOSHA, WI 53140

**License Status: REGULAR** 

Licensed/Certified/Registered 02/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History						
Survey ID: 0094503	End Date: 03/10/2005	Type: OTHER	Purpose: COMPLAINT/SELF REPORT			
Results: NO STATEME	ENT OF DEFICIENCY IS	SUED				
Survey ID: 0092804	End Date: 06/03/2004	Type: OTHER	Purpose: COMPLAINT/SELF REPORT			
Results: NO STATEME	ENT OF DEFICIENCY IS	SUED				
Survey ID: 0092453	End Date: 03/24/2004	Type: OTHER	Purpose: COMPLAINT			
Results: STATEMENT	OF DEFICIENCY ISSUE	ED				
Statement of Deficiency	: #10008698 Served 05	7/19/2004				
·				<u>Compliance</u>		
	<u>Deficiencies Cited</u>	Subject Area		<u>Veri fied</u>	Corrected	
	83.16(1)(h)4	PAYMENT KEPT IF NO PROPER NOTICE GIVEN		03/10/2005	Yes	
	83.16(1)(h)5	REFUND OF THE ENTRANCE FEE		03/10/2005	Yes	
Survey ID: 0091948	End Date: 01/22/2004	Type: STANDARI	Purpose: SURVEY/COM	PLAINT		
Results: NO STATEME	ENT OF DEFICIENCY IS	SUED				

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 08/18/2004 Date Investigation Completed: 03/16/2005

Subject Area(s) Result SOD #

ADMINISTRATION NOT SUBSTANTIATED